

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1972 1

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

604

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

216

1. PLACE OF DEATH:

(a) County _____
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Peoples Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Rosie L. May

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race col. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Julius W. May 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased November 25, 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 1 13 hr. min.

9. Birthplace Macon Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business At home

MOTHER FATHER { 12. Name Benjamin Little
13. Birthplace Alabama
(City, town, or county) (State or foreign country)
14. Maiden name Frances Roland
15. Birthplace Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Julius W. May
(b) Address 1700 Tudor Ave
17. (a) Removal (b) Date thereof 1-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E. St. Louis
18. (a) Signature of funeral director C. J. Nash
(b) Address 1117 N. 13th St. E. St. Louis
19. (a) 1/17/43 (b) J. F. Bruck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
(c) City or town East St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1700 Tudor Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8
year 1942 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from 7-19, 1941 to 1-8, 1942
that I last saw her alive on 1-10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage
Cancer of Cervix
Due to 18 mo
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 71

23. Signature W. A. Barner (M. D. or other) _____
Address 4313 Euclid Date signed 1/8/42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

C. J. Nash

Licensed Embalmer No.

2452

P. O. Address.

1117 N. 13th St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.